



PHOTO

**TRIVANDRUM OBGYN CLUB**  
K J K HOSPITAL, SHAWALLACE LANE  
NALANCHIRA, THIRUVANANTHAPURAM – 695015  
PHONE: 0471 – 2544080, 2544705, email: tvmobgyn@gmail.com.

**MEMBERSHIP APPLICATION FORM**

1. Name :
2. Qualifications :
3. Permanent Address :
4. Postal Address :
5. Telephone Numbers :  
Hospital :  
Residence :  
Mobile :
6. E-mail address :

I agree to abide by the rules and regulations of the association

Date

Signature

I recommend the membership application of:

Name & Signature:

Date:

The Annual Membership fee of Rs 1000/- is to be paid as Demand Draft Payable to  
“TRIVANDRUM OBGYN CLUB”, Trivandrum.

.....  
Office use

Membership Allotted: YES / NO

Membership No: